Instructions:
Please fill out the pages completely.

Make sure that your loved ones know where this packet is being kept for safe keeping. They cannot assist you with this plan if they do not know where the instructions are!

For the sections with “ { } “ please make a check mark to indicate your preference of your pet being taken care of in your home or taken to the caregivers home for care.

Please use the cards indicating there are animals in your home so emergency responders are aware of them. Use the one with the red line for multiple animals and indicate the number of cats/dogs on the red line.

EMERGENCY PET CARE INSTRUCTIONS

Today's Date:_____

Owner's Name:_____

Pet Name:_____

Pet Species:_____

Pet Description:(Gender, Colour, Size or other important physical markers:_____

_____

_____

Microchip Information:_____

Vet Office Name:_____

Vet Phone:_____

If you are unable to care for your animal due to an emergency, do you want your animal taken to a kennel?

{ } **I DO NOT** want my animal taken to a kennel

{ } **I WANT** my pet taken to a kennel until I return by:

Name:_____

Phone:_____

Relationship:_____

Kennel:_____

Please make arrangements with the kennel facility before an emergency takes place. Make sure you have a payment method on file and the kennel has clear care instructions.

In the first 48hrs after an emergency in which you are unable to care for your pet or expect to be unable to take care of your pet, who do you want to take care of your pet?

{ } Feeding of Pet in your home:
Name:_____Phone:_____
Signature of above person:_____

{ } Taken to caregivers home
Name:_____Phone:_____
Signature of above person:_____
Address:_____

If I am unable to care for my pet for a week or longer:

{ } Feeding/Care of Pet in your home:
Name:_____Phone:_____
Signature of above person:_____

{ } Taken to caregivers home
Name:_____Phone:_____
Signature of above person:_____
Address:_____

If I am unable to care for my animal for three (3) months or longer, (example: Rehabilitation placement or long term hospital stay) I want my pet to be cared for by:

{ }Feeding/Care of Pet in your home:
Name:_____Phone:_____
Signature of above person:_____

{ } Taken to caregivers home
Name:_____Phone:_____
Signature of the above person:_____
Address:_____

In the event of my death or incapacitation, I am relinquishing my ownership of my animal to: Person receiving the animal:

Name of person receiving the animal:

_____
Address:_____
Phone:_____
Relationship:_____
Signature:_____
Date signed:_____
Name of Owner:_____
Signature of Owner:_____
Date Signed:_____

Describe, in detail, situations in which you agree to relinquish ownership of your animals to the above person. Example: Death, loss of housing, placement in a care facility that does not allow pets.

Daily Care Instructions

Pet bowl location:_____
Pet food brand/type:_____

_____
Food location:_____
Feeding schedule:_____

_____
Amount of food to be given at each time:_____

_____
Litter box cleaning schedule:_____
Brand of litter preferred:_____
Treat schedule:_____
Leash location:_____
Walking instructions:_____
_____
_____
_____

Other notes:_____
_____
_____
_____
_____
_____
_____

Medications

Medication Name:_____
Dose_____Frequency:_____
Reason for medication:_____
Location of medication_____
Instructions on administering medication:_____
_____
_____

Medication Name:_____
Dose_____Frequency:_____
Reason for medication:_____
Location of medication_____
Instructions on administering medication:_____
_____
_____

Medication Name:_____
Dose_____Frequency:_____
Reason for medication:_____
Location of medication_____
Instructions on administering medication:_____
_____
_____

CAT INSIDE

____CATS INSIDE

DOG INSIDE

_____DOGS INSIDE

PETS INSIDE